

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
FRESNO DIVISION

ESTATE OF KOREY UNTI, et al.,
Plaintiffs,
vs.
CITY OF ATWATER, et al.,
Defendants.

Case No.

**DECLARATION OF HAZEL UNTI
RE: CAL. CODE CIV. PROC. § 377.32**

I, Hazel Unti, do declare and say:

1. I submit the following declaration concerning my status as a successor-in-interest to Korey Unti, pursuant to section 377.32 of the California Code of Civil Procedure.

2. Korey Unti was born on [REDACTED] 1986, in the Merced, California.

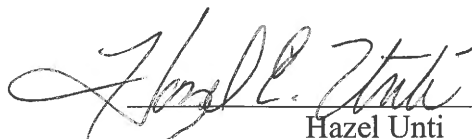
3. No proceeding is now pending in California for administration of the estate of Korey Unti.

4. I am a successor-in-interest to Korey Unti (as defined in section 377.11 of the California Code of Civil Procedure) and succeed to his interest in this action or proceeding. I am the biological mother of Korey Unti. Korey Unti has no legal spouse or issue.

5. No other person has a superior right to commence this action or proceeding, or to be substituted for Korey Unti in this pending action or proceeding.

6. A true and correct copy of the death certificate of Korey Unti is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on April 5, 2024, at Merced, California.


Hazel Unti

COUNTY OF MERCED

HEALTH DEPARTMENT
MERCED, CALIFORNIA

3052023180285

CERTIFICATE OF DEATH

3202324000981

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) KOREY		2 MIDDLE JAMES	
3 LAST (Family) UNTI		4 DATE OF BIRTH mm/dd/yyyy 1986	
5 AGE Yrs 36		6 SEX M	
9 BIRTH STATE/FOREIGN COUNTRY CA		10 SOCIAL SECURITY NUMBER [REDACTED]	
11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS-SDP (at Time of Death) NEVER MARRIED	
13 EDUCATION - Highest Level/Degree (see worksheet on back) 10		14 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
15 USUAL OCCUPATION - Type of work for most of life (DO NOT USE RETIRED) BUSINESS OWNER		16 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) CONSTRUCTION	
17 DECEDENT'S RESIDENCE (Street and number or location) 2505 COUNTRY DRIVE		18 YEARS IN OCCUPATION 2	
21 CITY MERCED		22 COUNTY/PROVINC/E MERCED	
23 ZIP CODE 95340		24 YEARS IN COUNTY 36	
25 STATE/FOREIGN COUNTRY CA		26 INFORMANT'S NAME, RELATIONSHIP HAZEL ELMIRA UNTI, MOTHER	
27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) [REDACTED] MERCED, CA 95340		28 NAME OF SURVIVING SPOUSE-SDP - FIRST -	
29 MIDDLE -		30 LAST (BIRTH NAME) -	
31 NAME OF FATHER/PARENT - FIRST CARLTON		32 MIDDLE LEE	
33 LAST (BIRTH NAME) UNTI, SR		34 BIRTH STATE CA	
35 NAME OF MOTHER/PARENT - FIRST HAZEL		36 MIDDLE ELMIRA	
37 LAST (BIRTH NAME) GILBERT		38 BIRTH STATE CA	
39 DISPOSITION DATE mm/dd/yyyy 09/02/2023		40 PLACE OF FINAL DISPOSITION MERCED DISTRICT CEMETERY 1300 B STREET, MERCED, CA 95341	
41 TYPE OF DISPOSITION(S) BURIAL		42 SIGNATURE OF EMBALMER WILLIAM B HANSEN	
43 LICENSE NUMBER EMB7776		44 NAME OF FUNERAL ESTABLISHMENT STRATFORD EVANS MERCED FUNERAL HOME	
45 LICENSE NUMBER FD538		46 SIGNATURE OF LOCAL REGISTRAR SALVADOR SANDOVAL, MD	
47 DATE mm/dd/yyyy 08/18/2023		101 PLACE OF DEATH IN FRONT OF AN APARTMENT COMPLEX BUSINESS OFFICE	
102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> F/O/P <input type="checkbox"/> DCA <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Home 10 <input checked="" type="checkbox"/> Other		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing <input type="checkbox"/> Unclassified <input type="checkbox"/> Home 10 <input checked="" type="checkbox"/> Other	
104 COUNTY MERCED		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2870 CREST ROAD	
106 CITY ATWATER		107 CAUSE OF DEATH (A) GUNSHOT WOUNDS OF BACK (B) SECS 23-33426 (C) 108 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) 109 AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (E) 110 USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		112 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? (If yes, list type of operation and date) NO	
113 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED (A) mm/dd/yyyy (B) mm/dd/yyyy		114 SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
115 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]		116 LICENSE NUMBER [REDACTED]	
117 DATE mm/dd/yyyy 08/13/2023		118 INJURY DATE mm/dd/yyyy 1928	
119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Negligence <input type="checkbox"/> Could not be determined		120 INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
121 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) THE DECEDENT POINTED A FIREARM AT A PATROL OFFICER AS HE RAN FROM THE OFFICER AFTER AN ATTEMPTED TRAFFIC STOP		122 LOCATION OF INJURY (Street and number or location, city and zip) 2870 CREST ROAD, ATWATER, CA 95301	
123 SIGNATURE OF CORONER, DEPUTY CORONER JOHN D ARGUELLES		124 TYPE NAME, TITLE OF CORONER, DEPUTY CORONER JOHN D ARGUELLES, DEP CORONER	
125 STATE REGISTRAR A B C D E		126 FAX AUTH #	
127 CENSUS TRACT		128	



* 999278698 *

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF MERCED

SS DATE ISSUED 05/13/2024

This is a true and exact reproduction of the document officially registered and placed on file in the office of the MERCED COUNTY HEALTH DEPARTMENT.

Salvador Sandoval MD MPH
Dr. Salvador Sandoval MD, MPH
HEALTH OFFICER, MERCED COUNTY

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.

PRNCO (REV) 12/20

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE